

Z Number Assignment Request

Requester Information



Name of Requester	Organization	Date of Request	Telephone
Requester's E-mail			

Z Number Recipient Information

Information in the section below is required before a Z number can be assigned and a badge issued.

Badge to be requested? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name (Last, First, Middle)			Date of Birth
Citizenship	Country of Birth (<i>mandatory only if an uncleared Foreign National</i>)		Social Security Number (<i>mandatory for U.S. citizens</i>)
Company		Contract Number (if applicable)	

Sponsoring Organization Information

Recipient's Sponsoring Laboratory Organization	Organization Code	Cost Code
Start date	Expiration/Termination date	

Employment Category or Reason Z Number Needed (check one)

Instructions: Please read categories *carefully*. This request is sent to a particular office for Z# assignment based on the category you check. Incorrect selection delays assignment. If the Z# is required for training purposes, check the organizational description of the unit requiring the training.

- | | | |
|--|---|--|
| <input type="checkbox"/> Construction Contractor | <input type="checkbox"/> JCNNM | <input type="checkbox"/> PTLA |
| <input type="checkbox"/> PM Construction | <input type="checkbox"/> Labwide Blanket Order | <input type="checkbox"/> Visitor, Cleared (U.S., Foreign National) |
| <input type="checkbox"/> DOE/LAO | <input type="checkbox"/> Organization-Specific Purchase Order | <input type="checkbox"/> Visitor, Uncleared (U.S.) |
| <input type="checkbox"/> Dosimetry Badge | <input type="checkbox"/> Post Doctoral | <input type="checkbox"/> Visitor, Uncleared (Foreign National) |
| <input type="checkbox"/> ICN Access | | |